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**\*BIBDATASHEET\***

CONFIRMATION NO. 6180

Bib Data Sheet

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/973,266 | FILING DATE<br><del>10/09/2001</del><br>12/22/00<br>RULE | CLASS<br>180 | GROUP ART UNIT<br>3616 | ATTORNEY<br>DOCKET NO.<br>00-351 |
|-----------------------------|--|--------------|------------------------|----------------------------------|

APPLICANTS

Howard N. Cannon, San Jose, CA;  
 Michael G. Cronin, Peoria, IL;  
 Michael F. Hopkins, Batavia, IL; Igor Strashny, Peoria, IL;

*Note to file currently being corrected by Janice Tippett OIPE*

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 00/258,177 12/22/2000  
*IS a conversion of 60/258177 12/22/2000*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/08/2001

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance<br><i>Ruthless</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>4 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 James R. Smith  
 Caterpillar Inc.  
 Intellectual Property Department  
 100 N.E. Adams Street, AB6490  
 Peoria, IL  
 61629-6490

TITLE  
 Operator interface system

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1082 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|--------------------------------|---|--|